

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PH	765-11	10/19/07
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	BZ	363-883	11-09-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	10/18/07
2	2/21/08
3	9/4/08
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11	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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